

## The "Nursing Crisis"

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### SUMMARY

*Three concrete proposals are made for the improvement of the present nursing situation:*

1. *Make nursing education more easily available by holding the prerequisites to a minimum and concentrating upon the real essentials of nursing, granting the student the R.N. degree when she has completed this basic and essential training.*

2. *Utilize more fully the principles of group nursing as applied to "specializing" whether in the home or in the hospital.*

3. *Completely avoid the use of sub-standard nurses, while furnishing to the nurse such non-technical service (through the use of maid assistants or others) as shall make practicable the complete utilization of her skill and training.*

DESPITE the impressive and continuing advances in medical science, medical skill can be effective only insofar as it can be applied to its ultimate object, namely, the sick patient. In this application, the nurse plays an indispensable part. Without her effective cooperation the physician's task may be almost impossible. It is for this reason that the much bruited "nursing shortage" and "nursing crisis" merit most careful and most prayerful consideration.

The nursing profession has been the subject of much and increasing criticism, some of it perhaps justified but much of it grossly unjust. One of the sentiments most commonly expressed is, "The nurse nowadays doesn't really want to nurse; all she wants is a white-collar job. She likes to sit at a desk and be an administrator." Some critics also will say, "Why, in the old days you could get a nurse to work for 20 hours a day. Nowadays, a poor man has to hire three nurses for the 24-hour period, and pay each of them ten dollars or more." These criticisms, just or unjust, touch a very fundamental problem in the nursing situation, namely, the matter of so-called "increasing standards." By this is meant in part the increasing amount of preparatory work required for entrance to nursing school—in many schools one or two years of college and in some cases a bachelor's degree before the student can start her actual nursing training.<sup>1</sup> In addition, there must be considered the numerous lines of specialization opening up for the modern nurse, namely, supervisory work, administration, public health, industrial nursing, office nursing, nursing education, etc. It is perfectly understandable that a nurse who has entered nursing school after from two to four

years of preparatory college work, and who after graduation from nursing school has undertaken graduate work, should feel that her time could be occupied to better advantage than in the "toting of bed pans." The real difficulty here would appear to be not so much the amount of graduate training which a nurse may undertake following graduation from nursing school as the work preparatory to her entrance to nursing school, which is becoming increasingly voluminous and demanding.

A somewhat analogous situation appears to be developing in the medical profession where the old-style general practitioner finds himself more and more crowded by specialists and where the newer graduate shows less and less inclination to go into general practice.<sup>2</sup> The essential difference, however, between the medical and the nursing profession appears to be that, in general, specialization occurs after graduation from medical school and after the serving of an adequate internship. This, in essence, makes the young physician a "general practitioner" before he becomes a specialist.

Various solutions have been proposed for the present nursing difficulties. Many of these solutions appear to tend toward the development of a sub-standard nurse, whether she be called practical nurse, nurses' aide, or by other limiting terms. The author believes very strongly that this represents an actual down-grading of the nursing profession and that it is completely opposed to the objectives of those who have been attempting to up-grade the nursing profession by increase in preparatory training and theoretical work. In the author's opinion all nursing should be done by thoroughly qualified nurses, that is to say by registered nurses.

Fishbein,<sup>3</sup> in 1944 wrote: "I remember many years ago the idea that was spread abroad in Chicago by Dr. John Dill Robertson, then Health Commissioner, that we were going to have two kinds of nurses: high-grade nurses, graduated from regular training schools, who would be working in the hospitals and taking care of surgical and obstetrical cases, and then a generally low-grade nurse who could be educated in six months and who would do all the rest of the nursing; both of them would be licensed nurses.

"Then it was discovered that the low-grade nurses would simply wipe out the higher type nurses. The mass of the six-months graduates would lower the whole level of nursing education so promptly that it would just about end high quality nursing."

It is perfectly true that in the past and perhaps even today, many tasks requiring no nursing skill whatsoever have been carried out by nurses. This, undoubtedly, is what is meant by the common phrase "carrying the bed pans." There does not

appear to be any valid reason why the nurse cannot have maid service available for this type of work. These maids, however, should be called exactly that: "maids"; they should not be called nor considered "practical nurses" or "nurses' aides," and they should not carry out any nursing procedures whatsoever.

It is perfectly true that present-day nursing procedures and modern advances in medicine require for their application a competent, alert and well-educated nurse. The question may be asked, however, "Is there any reason why the training in nursing school should not be of college or university grade, even if nursing students are accepted from the senior class of high school?" The university accepts high school seniors and finds them perfectly capable of carrying on advanced academic work. Why cannot a high school senior be accepted into nursing training, and after two or perhaps three years of training of college grade, be turned out as a well-educated and thoroughly competent nurse? Of these graduates, of course, some will wish to go on to "higher things." They may wish a bachelor's degree; they may wish to go into nursing education or other specialized fields. In such cases, as the candidates have behind them two or three years of work acknowledged to be of university grade, a longer or shorter period of graduate training should suffice for the attainment of all desired objectives.

In this connection, the following suggestion has been advanced by a correspondent of Claude W. Munger, M.D., professor of hospital administration at Columbia University:<sup>4</sup> "Any high school graduate could be trained for good bedside nursing in 22 months. At the end of that period she should be graduated with the right to register as an R.N. Among a class of graduates there are always those with special aptitudes who should be encouraged to take one or two years of special postgraduate work leading to a degree such as M.N. (Master of Nursing) in the fields of public health, pediatrics, obstetrics, psychiatry, teaching, executive work, or operating room service."

Whatever one may think of the old-fashioned "will to work," the present trend toward shorter working hours and higher wages appears to be irreversible. There is, therefore, no hope for the return of the so-called 20-hour nurse, and this can hardly be otherwise than a blessing whether in disguise or not. As much as one may admire the faithful and at times heroic women who toiled the clock around, there can be no reasonable doubt that such conditions must often have militated against efficiency and accuracy in the care of the sick. If the nurse is to be a real human being, she must be allowed due time for rest, recreation and the humanities. Nevertheless, the case of the patient who could formerly afford to hire one nurse and is now unable to hire three nurses daily calls for solution. Group nursing, whether in the home or in the hospital, appears to provide the solution. It is only the very rare patient who requires continuous and unrelenting nursing care. An efficient

nurse, given the facilities, can usually care very effectively for two critically ill patients and for three patients not so critically ill.<sup>5</sup> It is possible, thus, for the special nurse to care for three patients in this manner. The patient's expense for nursing care, even over a 24-hour period, is immediately reduced to the old standard of one nurse a day. Proper planning and a suitably organized visiting nurse service could undoubtedly do the same thing for the home patient.

In the hospital, definite administrative problems may be encountered with group nursing. These problems are beyond the scope of the present article, but are all capable of satisfactory solution.

There appears to be real reason for the belief that acceptance of nursing students direct from high school and concentration during the training period upon the real essentials of nursing would go far toward relieving the nursing shortage. Undoubtedly, many students now feel unable to go into the nursing field because of the increased requirements of time and money involved in the training, while others, having spent the required amount of time and money, feel entitled to the so-called white-collar job and the increase in financial returns available to the administrative nurse and the nurse educator.

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#### ADDENDUM

Since the above article was submitted for publication (April 1948) the views expressed therein have gained some acceptance in nursing education circles. Particular attention is called to: Fidler, N. D.: "The Canadian Nurses' Association's Demonstration School of Nursing," *Canadian Medical Association Journal*, 60:514-516 (May), 1949. Fidler outlines a project which is described as "a national experiment supported by two national associations" in which students from high school are to be given an intensive training for 25 months, which will eventuate in the R.N. degree. The work is to be of university grade and little or no time is to be spent in the routine care of hospital patients. The universities of Alberta, McGill, Queen's and Toronto have agreed to accept these R. N.'s for graduate work in their nursing schools. Under this system the training hospital, of course, would carry a heavier financial burden in that it would not be receiving free student-nurse services as at present. The author states in this connection, "Student nurses should not be expected to support the school, as in fact they have been doing, in large measure, through their services." This effort toward the streamlining of nursing education may well mark the beginning of a new and profitable trend.

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## Potassium Permanganate Soaks in Peripheral Vascular Diseases to Emphasize Nail Growth Changes

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**D**ISTURBANCES of nail growth have long been recognized as indicators of circulatory insufficiency in peripheral vascular diseases.<sup>1, 2, 4</sup> Recently, Edwards<sup>3</sup> again called attention to the various nail growth changes in arterial diseases. He emphasized the contrast between the old diseased nail and the newer more proximal portion as an indicator of circulatory improvement.

Nail growth change has been observed for this reason by the author for some time. It was found that the contrast was not great enough in a considerable number of cases, especially if the nails were slowgrowing, to be of appreciable clinical value. Furthermore, the differences between the individual nails were not clearly defined in many cases.

Potassium permanganate foot soaks were decided upon as a method of staining the nails. Staining the toenails has been carried out in a large number of cases (over 300 patients) and found to be very reliable. The observations resulting have been utilized along with other determinations, such as surface temperature and color changes, in evaluating the clinical status of the patient and the response to treatment.

All patients treated by the author for peripheral vascular diseases are given potassium permanganate foot soaks upon first consultation. Patients are directed to soak the feet in the solution at room temperature for 20 to 30 minutes daily for a period of seven to ten days. The nails are stained

a deep, even, black-brown color which persists for months. New nail growth from then on is strikingly contrasted and clearly outlined. Measurements of the rate of growth are facilitated and differences in rate of growth in the nails of the individual toes are revealed. The correlation between nail growth and other symptoms of arterial disease, such as pain, coldness and paresthesias, is great.

Two additional advantages are obtained with the potassium permanganate soaks:

(1) The new nail growth, or lack of it, is so clearly demonstrated to the patient that cooperation in carrying out hygienic foot measures and therapeutic procedures is more easily obtained.

(2) The routine use of potassium permanganate soaks is of practical therapeutic value in the treatment of ringworm infections, especially minimal infections, which would otherwise remain untreated.

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